2:30

$50 Paid

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 134174 PIN# 4626 52 1048 DATE 4/4/06

OWNER OR APPLICANT Kevin Walsh PHONE: Business 704-962-5752 Home 704-662-3639

ADDRESS 175 County Club Dr Apt 1 - 207 Mooresville, NC. 28115

LOCATION 138 Lakeland Drive

SUBDIVISION HOLIDAY HARBOR BLOCK / SECTION ____ LOT 23 LOT AREA .421 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 3/2 Date 8-12-05
Pump Tank: 1000 Gallons; PT 27 Date 7-19-06
Pump Make: Myers Model ME50 Serial No.
Nitrification Field: No Beds 1 Square Feet 400 Linear Feet 200
No Lines 4@50' Trench Width 2'-3' Max Trench Bottom Depth 3'

[X] New System [ ] Repair [ ] Expansion System Type: I II III (IV) V VI
System Description: LP - PBBS
Repair System Description: SAME
Maintenance Agreement Required: [X] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Persons
[ ] Business No. Employees
[ ] Other

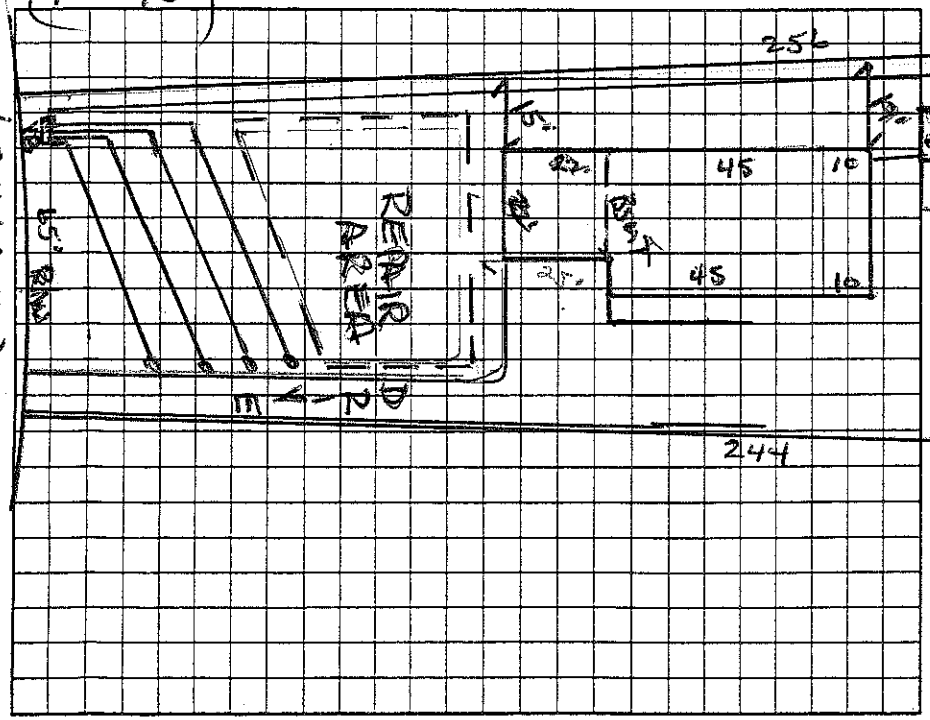
Water Supply: [X] Individual [ ] Public [ ] Community

Gravel Depth No [ ] Gravity [X] Pressure [ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

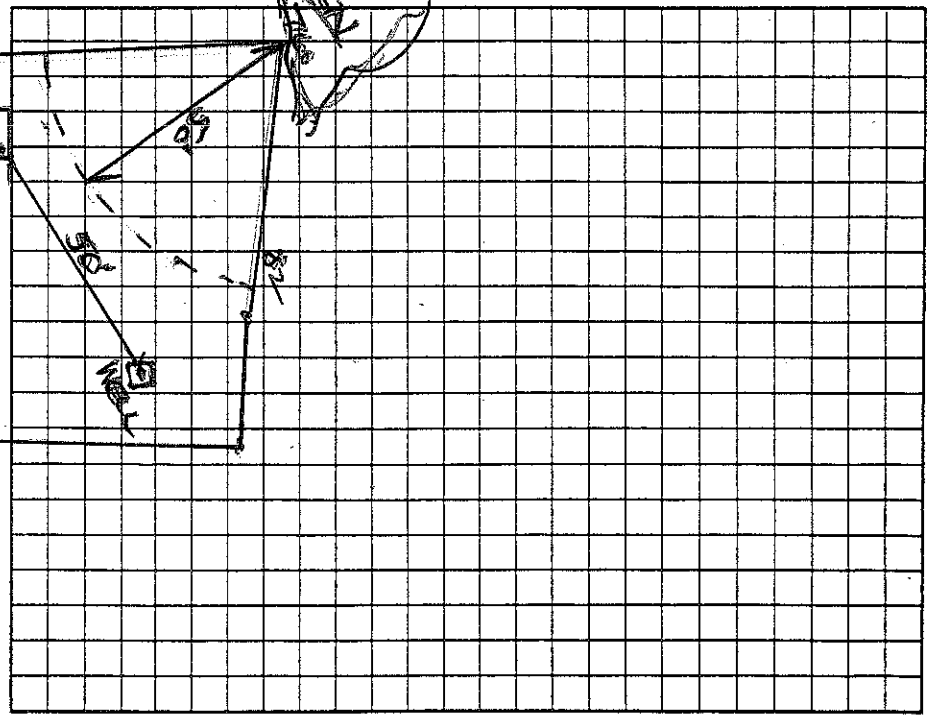
Comments:/Conditions:

Comments:/Conditions: Subdivision platted in 1960's. Installed essentially as drawn. Checked tanks & lines 9/27/06 MS

INITIAL SITE SKETCH (1" = 40')



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Wade McCoy date 4-11-06

Improvement Permit by: Wesley Sparks R.S. date 4/4/06

Authorization to Construct by: Wesley Sparks R.S. date 4/4/06

Installed by: R & H date

Operation Permit by: [illegible] date 5/31/07

Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK